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Leo B. KRIKSUNOV (Depositor's name)
 (Signature)
 10/14/2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/796,468	03/09/2004	Leo B. Kriksunov	2004.10LK	2287

TITLE OF INVENTION: NEEDLELESS HYPODERMIC JET INJECTOR APPARATUS AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	12/11/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS	10/15/2007 MGEBREM2 00000021 10796468
GRAY, PHILLIP A	3767	604-068000	01 FC 4506 700.00 0P
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list: (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Leo B. KRIKSUNOV 2 _____ 3 _____	

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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Date 10/14/2007

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